

UTAH UST CATHODIC PROTECION TESTER APPLICATION

Applicant Name: _____

Employer Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number _____

Email Address: _____

FOR STATE USE ONLY

Test Score: _____ Pass/Fail

Fee Processed: _____

Certificate No.: UT _____ CP

Expiration Date: _____

[] Please do not put my employer name on the certificate or card

TRAINING

UST CP Testers must satisfy the requirements of being a *qualified cathodic protection tester* as defined in 40 CFR 280.12. **NACE certification is not required to do cathodic protection testing, however, the testers must document an acceptable level of education. The application will not be accepted without documentation of training.**

Organization Providing Training: _____

Location of Training: _____ Exam Date: _____

UTAH CERTIFICATION FEE

Date of Payment: _____ Amount: \$ _____

Please return completed application and fee to the following address:

**UTAH DEPARTMENT OF ENVIRONMENTAL QUALITY
DERR/UST SECTION
168 NORTH 1950 WEST, 1ST FLOOR
SALT LAKE CITY, UTAH 84116**

I hereby certify that the forgoing information is true and that I have read the certification requirements for the UST Tester in the Utah Administrative Code Section R311-201. I will conform to the standards of performance as outlined in Section R311-201-6. I understand that submittal of false or misleading information in this application may result in revocation in the certificate.

Signature: _____ Date: _____

FINANCIAL ASSURANCE AGREEMENT

APPLICANTS AGREEMENT

I hereby acknowledge and agree that I will satisfy the Financial Assurance requirements of the Utah Administrative Code Section R311-201-4 by one of the alternative Financial Assurance mechanisms described herein.

Applicants Signature: _____ Date: _____

EMPLOYERS AGREEMENT

I hereby represent that the applicant named above is an employee and agree that as the employer of the applicant, I will satisfy the Financial Assurance requirements of R311-201-4 by one or more of the alternative Financial Assurance mechanisms described herein so long as the applicant is in my employ.

Employers Signature: _____ Date: _____

Employers Title: _____ Company Name: _____

[] Is the applicants employer a sole proprietorship or dba?

[] Is the applicants employer a partnership? Identify partner: _____

[] Is the applicants employer a corporation? Identify state of incorporation: _____

TYPES OF FINANCIAL ASSURANCE

The description of the type of Financial Assurance provided by the applicant should include the following information (documentation should also be submitted, e.g. Certificate of Insurance):

INSURANCE

Name of insurance company
Type of policy (comprehensive, general liability)
Per occurrence and aggregate coverage amounts
Coverage period
Renewal of expiration date
Named or designated insured
Exclusions or limitations

SURETY BOND

Name of surety company
Identification number or reference
Coverage amount per claim, aggregate amount, and limitations
Exclusions or limitations

LETTER OF CREDIT

Name of issuing financial institution
Date of issuance and duration
Amount of available credit
Limitation on payment and demand

RISK POOL

Self-insurance among members of risk pool
Verify membership pool
Coverage amount per claim, aggregate amount
Limitations on coverage
Terms and conditions of payment of claims

SELF-INSURANCE

Value of unencumbered assets available
Supporting audited financial statement(s)
Ratio of Value of unencumbered assets